

PRESIDENTIAL ADDRESS

DELIVERED AT THE ANNUAL MEETING OF THE

MEDICO-PSYCHOLOGICAL ASSOCIATION,

Held at the College of Physicians and Surgeons, Glasgow, August 2nd, 1882.

BY

W. T. GAIRDNER, M.D. EDIN.,

Professor of Medicine in the University of Glasgow, and Physician in Ordinary to
H.M. the Queen in Scotland.

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GENTLEMEN,—In taking the chair of this Association allow me to offer to the members, whether present or absent, my sincere thanks for the honour they have done me in electing me their President. I frankly confess that I was not at all prepared for this honour, nor do I see quite clearly even now how it came about that a body of men devoted, both by personal tastes and by official position, to the cultivation of one particular branch of the great medical art and science, should have thought fit to honour with their confidence one whose relations with that special work are only those of the profession at large. At all events, it may justly be said that in having thus acted, you have most emphatically pronounced for the doctrine that the profession of medicine, and the healing art on which it rests, are *one*, and not manifold; and that as among the different churches, and even sects, we may hope to find a common Christianity, so among all the distracting specialisms of our own profession, we may reasonably hope to find one faith, one object, one discipline of the mind, and, to a great extent, one great *science*, both of mind and of bodily function, underlying all the diversities of our various careers as physician, surgeon, gynæcologist, oculist, aurist, alienist, &c.

It will be my object to make this truth, which I believe to be a fundamental one, in some degree the theme, or motive, of the address which the custom of your Association, and your very great and unlooked-for kindness, has imposed

upon me as a duty on the present occasion. But in doing so I must by no means forget what indeed I am forcibly reminded of by the letter in which your last distinguished President signifies to me his intention of being present at this meeting in Glasgow. "We come to Scotland," he writes, "determined to enjoy ourselves, and to 'throw physic to the dogs.'" If this little glimpse that I have accidentally obtained of the temper of your late President represents at all the frame of mind and body proper to the Medico-Psychological Association to-day, it points out to me most unmistakably that there is one particular in which I may not even attempt to follow in his footsteps. No one can have forgotten the elaborate and most informing and eloquent address with which he favoured us last year, and which justly called forth the praise of the venerable Earl of Shaftesbury, bearing as it did upon the whole advance in the management of the insane, with which no names are more indissolubly associated than those of Tuke and of him who was once called Lord Ashley. No such address can you expect from me upon the present occasion. Even were I competent to give you "physic" for Dr. Tuke's "metaphysic" (as would be fitting for a professor of physic in the presence of a Medico-Psychological Association), I am bound to hold, with your ex-President's later mind, that both physic and metaphysic are to a great extent out of place when you are looking forward to a holiday on the Clyde; and when, to meet the exigencies of trains and steamers, the President's address must be restricted to the narrowest limits of time; when, indeed, the chief object to be served by addressing you at all is simply to avoid its being on record that the ceremony has been altogether omitted.

The duty, then, which stands before me—the question I am asking myself—is this: What can I say to you in this necessarily limited time that will in any degree touch a responsive chord in your breasts, to show that you, as being what the world calls *specialists*, and I, as a professor of medicine in general, have in reality but one aim in view; that we are guided by one and the same scientific method and doctrine in dealing with the unsound mind on the one hand, and the unsound body on the other? To justify our belief that we are all one profession (which I hold to be indisputably the case), we must, in the end, be able to show that we work upon the same lines, with similar instruments both of research and of cure; that we aim, not at separating

and dissecting the complex of functions which constitutes human nature into a bodily and a mental part; but that each of us, in his own separate sphere, is dealing with humanity as a whole, in which body and mind are inextricably interwoven. This I believe to be the true philosophy of the healing art, in all its separate departments; and whoever, even for a moment, forgets this, its essential unity, founded on the larger unity of human nature to which it ministers, has already gone some steps on the fatal road that leads to unworthy views of his profession. He has, in other words, already adopted a position which, when biased also by low moral proclivities and the love of money, soon gives place to quackery. We witness this degradation of the healing art every day in the case of those specialisms which, attracting as they have done some of the noblest and most active minds in our profession, have also become the pursuit of some who, it is not at all a harsh criticism to say, have become specialists only with a view to personal advantage. Hence, while even in the most extreme specialisms, the eye and the ear, we have had on the one hand such every way excellent men as Toynbee, and Hinton, and Mackenzie, and Dalrymple (to name only the dead), we have had, on the other, men who have been content to remain in complacent ignorance of the bearings of medical science at large on their specialism, if only they were allowed to cultivate it in a corner, as it were, for the benefit, not of humanity, but of the particular and individual man cultivating his particular and individual organ, eye, or ear, or skin, or spine, or womb, as the case may be.

You, gentlemen, are not open to these base suggestions. It is a characteristic of your work that it has become a specialism, not through individual impulses or for individual gain, but through circumstances in the nature of the work itself, making it in some degree a public function, and thus guarding it in a large measure from becoming a prey to the vampires whose only business with the medical art is to drain its life-blood for their own particular use and advantage. Most of you are at the head of accredited institutions, where you are safe from all reproach, and can well afford to look down benignly on the men whose vocation it is to earn their chance guineas more or less honourably; but, if honourably, still with a trembling solicitude lest the contrary motives should ever be imputed to them. Although protected by happy circumstances, however, from the baser

temptation of venality in the practice of your art, you are by no means secure against the tendency inherent in all specialisms, legitimate or otherwise, to dissociate their cultivators from the general stream of tendency, so to speak, and from the actual facts and principles of the healing art in general. In some respects you are perhaps more than most others in danger of this. For you can, if you so please, live, and even live happily and well employed, quite apart from medical progress, and from general medical society. You have large administrative as well as strictly medical functions, and it would be by no means surprising were the former in a great measure to supplant the latter, and the treatment of the insane to become a specialism wholly divorced from the progress of medical science and of the medical art. It is not too much to say that whatever else is intended by it, the honour you have done me in placing me in this chair is a distinct recognition of the fact that such divorce is possible, and that you would regard it as a misfortune. You wish to draw closer the bond between psychological medicine and general medicine. You wish to declare somewhat emphatically that while you are, officially, devoted to the treatment of the insane, you have not ceased to be physicians; that in dealing with the unsound mind you are dealing, not with the *mind* alone, but with the *man*; in other words that you are doing exactly what I am doing every day—considering a particular ailment in its relation to the whole of the functions that make up mind and body, and treating it accordingly.

It is from this point of view that I am led to think that a few glimpses (for it can be no more) into some of the relations existing between your specialism and the healing art in general may be made interesting during the limited time at our disposal. But to such of you as have devoted attention (as I daresay we all have more or less) to the intricate questions arising out of cerebral and mental pathology as bearing on the cause or causes of insanity, the responsibility and capacity of the insane, and other subjects which grow out of the very depths of the philosophy of mind as related to organisation, I have to say that I shall not to-day enter on any of these difficult questions. I am not, indeed, at all wedded to any theory of the association of "Mind and Brain," or of "Body and Mind;" but I hold it to be an unquestionable truth that the analogies, and even the laws, of bodily function shed an immense amount of light on the study of mental diseases, and *vice versâ*.

In seeking for evidence of this position I will not linger over points of recondite and doubtful pathology, but I will go at once to what must be regarded as one of the most brilliant advances of the healing art that has taken place within the compass of two generations, or even of a century—the improved, or, as it is often called by way of contrast, the *modern*, system of treatment of the insane. Taking origin in the last decade of the eighteenth century, this may be said to culminate in the present decade of the nineteenth, in such a large pauper asylum as Woodilee, which, at half an hour's distance from Glasgow, and easily accessible at all hours by rail, may be specially commended to your notice, as under the care and superintendence of our Scotch Secretary, Dr. Rutherford. What is the essential basis of the great and beneficent change which now-a-days not only permits of our dispensing with all the old miserable paraphernalia of physical coercion and restraint, but has advanced so far as to consider even locked doors, and bolts, and bars, and every attribute and reminder of prison life, as more or less an obstacle to the perfectly rational, and at the same time thoroughly humane treatment of insanity in our asylums? Or rather, let us say, what is the common principle, speaking of it from the physiological and medical point of view, illustrated in all the changes that make the difference between the Bedlam of 1815, whose manifold abuses, as laid bare by a parliamentary inquiry, are so well known to all of us, and the Bedlam of 1882, under the control and supervision of our friend, Dr. Savage? Religion, practical Christianity, the growing sense of humanity, the growing dislike to extreme severity, which have tempered our whole legislation during the lapse of this interval, have no doubt a large share of the credit; and it may even be said that reforms have been forced upon unwilling minds, medical and non-medical, by the same legislative impulses, the same moral necessities that have compelled the abolition of slavery, the gradual restriction of capital punishment, the improvements in the condition of our criminals, of our paupers, of our mining and factory populations, of our over-crowded masses in the towns, of our often ill-housed and ill-nourished agricultural labourers. The names of Howard, Wilberforce, Romilly, Chadwick, and Lord Ashley—now Lord Shaftesbury—stand out in strong relief as the persistent advocates of what may be called, without prejudice to their real importance and practical efficiency, a great series of humanitarian reforms. Lunacy reform was no doubt one of these, and it was taken up and forwarded by

many active and generous minds, amply prepared through their previous training in other departments, and by the evolution, as it were, of the historic and moral conscience of humanity, to deal with the shocking abuses in the management of the insane as a matter of social, moral, or religious duty. But it is not to be forgotten that legislative action against gross abuses is something quite distinct from, although indeed largely due to, the firm grasp of principles which enabled William Tuke, and Pinel, and Conolly, and many others to initiate and carry out positive reforms in moral treatment, far outstripping, alike in their designs and in their result, the course of legislation. The mere abolition of whips and instruments of torture, even had it been possible as a legislative reform apart from enlightened medical opinion, would have gone a very small way towards carrying out what we now recognise as a scientific, not less than a humane, treatment of the insane. It may even be affirmed with certainty that had the strait-waistcoat finally approved itself to the medical mind as a necessary and successful means of dealing with maniacal violence, no legislation could possibly have done away with it, however strong might have been the disposition, on grounds of humanity or of religion, to limit the application of severe and rigorous means in the management of the insane. Indeed, it is abundantly evident from the history in detail of the movement itself that neither religion alone, nor philanthropy alone, nor yet both of these acting together with such medical philosophy as prevailed during the greater part of the eighteenth century (and much more in the preceding ages), could ever have brought us to the point at which we now stand. What was wanted, and what has been, step by step, attained, was the application of strictly scientific principles of treatment, in accordance with an enlightened view of physiology and of human nature, to a class of cases in which, more than in any other, medical considerations had been subordinated to the mere impulses of fear, and the still more ignoble impulses of selfish greed and dark superstition, whereby the insane had been placed for centuries almost outside the pale of our common humanity.

As if to show that, historically speaking, the improved treatment of the insane was not the result of any single, or of any exclusively national, impulse, we have the very curious fact that in the last decade of the eighteenth century, the attention of Europe was startled by two perfectly novel experiments—the great reform at the Bicêtre by Pinel, and the closely cor-

responding, but perfectly independent, movement by William Tuke, which issued in the founding of the Retreat at York. No two men could possibly have been chosen out of all Europe at that time of whom it could be said more truly that they were cradled, and nursed, and educated among widely differing social, political, religious influences—the one a member of the Society of Friends in England; the other a child, if not a nursling, of the French Revolution. Tuke had to work his way amid obstacles, no doubt, but in a moral and religious atmosphere predisposed to philanthropic ideas, and devoid of political passions. Pinel had to take his orders from Couthon, fresh from decreeing the abolition of monarchy and the sovereignty of the people, ere he could loose the fetters of a single lunatic in the Bicêtre. Yet in this particular matter Tuke and Pinel were possessed by one and the same idea, and worked it out as though it were an inspiration. And an inspiration it was, without doubt, if we are to believe in an over-ruling Providence in history at all. For it must have happened often enough before that good men and true must have had misgivings, and even shuddered in their secret souls at the cruelties practised upon the insane. But now the fulness of the times had come, and by a two-fold experiment, carefully and deliberately conducted in France and in England, a latent, and all-but-forgotten, truth was to be gradually brought into the full light of civilisation, viz., that the unsound mind, like the unsound body, can only be regarded as an instance of disordered function; and that, however great the disorder, the functions are still there, and may be roused into more or less healthy activity by exactly the same physiological stimuli and motives as are available in the state of health. “Vous voyez,” writes the Swiss physician Delarive, visiting the Retreat at York only two years after it was opened (1798), “que dans le traitement moral on ne considere pas les fous comme absolument privés de raison, c’est-à-dire, comme inaccessibles aux motifs de crainte, d’espérance, de sentiment, et d’honneur, on les considere plutôt, ce semble, comme des enfants qui ont un superflu de force et qui en faisoient un emploi dangereux.”*

* I have great pleasure in taking this extract from a work which came into my hands only two days before the delivery of this address, and which is at once the most recent, and one of the most valuable contributions to the literature of the subject, by the late President of the Medico-Psychological Association—“Chapters in the History of the Insane in the British Isles.” By Daniel Hack Tuke, M.D., F.R.C.P., &c., London, 1882. See p. 117.

In other words the insane, who had long been regarded as mainly objects to be restrained, governed, and as far as possible kept out of sight, nay, even regarded as "possessed," *i.e.*, *not* human, but in a very sadly real sense out of the pale of humanity, were to be deliberately and in the fullest sense readmitted within the pale, and even treated with more consideration than others on account of their infirmity.

It may seem strange in the present day that this lesson should have had still to be learnt in the nineteenth century; nay more, that it should have required the successive examples of Charlesworth, and Gardiner Hill, and Conolly, and perhaps of others extending down to our own day, to confirm and extend the humane principles affirmed by Tuke and Pinel, and make them thoroughly a part of the great heritage of our art. But it is to be remembered that mere selfishness and apathy and ignorance were not the only evils to be overcome, perhaps not even chiefly these in the case of the medical, as distinguished from the more general management, or police of the insane. The theory of almost all diseases up to a comparatively late period was that they were *entities*, by which I mean a physical, or metaphysical, or metaphorical *something* (it is not always quite clear *what*, even in theory) distinct from the organisation, and to be got at, and removed from it, only by disturbing remedies, more or less of the nature of antidotes to a strong poison, or at least equally obnoxious to the normal functions of the body. I do not think I shall be accused of overstating the case if I say that this general theory, greatly shaken, it is true, in the earlier part of the century alike by the progress of physiological science and by the extravagant claims of certain modes of practice, has been finally dislodged, as a general or working theory, within my own time; and no inconsiderable part of the credit in dislodging it is due to one who was closely associated with Conolly, and who, beyond all question, must have largely shared his ideas, and applied them in a different field of practice. In saying so much, I do not mean to affirm that everything Sir John Forbes wrote upon "Nature and Art in the Cure of Diseases" approves itself to my mind, but only that the analogies to which I alluded in the earlier part of this address as existing between bodily and mental disease are fully carried out in the history, even within modern times, of the most general principles of the healing art as applied to each. What I should incline

to name as the most important gain of modern physiology and pathology for the healing art is that in lieu of the old conception or theory of disease as a separate *entity*, we have admitted largely this new one—"Disease is, for the most part, *normal function acting under abnormal conditions*." In other words, we do not admit habitually that a fever, or a sunstroke, or a stone in the bladder (to take a few random instances) is to be explained as a reversal, or abolition, or even a suspension of natural function, but only as an obstacle or impediment somewhere existing to the display of natural function after a perfectly normal manner. The normal function is *there*, still struggling, as it were, to assert itself (as long, that is, as the patient lives) even in the midst of the most extreme disorder caused by disease. And the problem of cure consists, for the most part, not in the administration of antidotes, or the discovery of specifics, but in the careful study of all the details and modes of functional activity in the patient, with the view of removing obstacles, strengthening weak points, and, in general, assisting normal function to overcome abnormal, as far as may be. We have come to aim at treating not so much the disease, as the man affected with the disease, administering our remedies not upon the principle of warring with an occult foe in some obscure corner of the organism, but on the far higher principle of dealing with the whole man, and assisting, sustaining, supporting all that is sound in him to overcome what is unsound.

No doubt, although a modern, this is also a very ancient principle or view of the scope of the healing art, having been clearly enough formulated in the famous saying attributed to Hippocrates, *νοῦσων φύσις ἡτοροί*, often wrongly interpreted (as I believe it was even by Sir John Forbes) when it is made to cover some quite abstract conception of "Nature" as a healer of disease. What Hippocrates really says is that "our natures are the physicians" (or healers) "of our diseases"—in other words that normal function is in every instance to be evoked, and supported, and protected, as what is usually the only way open to us for effectually overcoming abnormal function. The increased scope given to this ancient maxim is perhaps the chief distinction of modern practice in all departments of the art, as in the healing of wounds and fractures by simple protective agencies and antiseptics; the substitution of nourishment

for depletion in all forms of acute disease; the use of regulated exercise, and sometimes of electricity or galvanism, in paralytic and neuralgic disorders; the greatly increased employment of hygienic agencies both in acute and chronic diseases; and (as being closely allied with this) the whole field opened up, almost within the last quarter of a century, of preventive medicine. The use of such means now-a-days, in contrast with the endless bleeding, and purging, and starving, and vomiting, and other perturbative practices of a bygone age, are a strong testimony to a change in medical practice as applied to bodily diseases, closely parallel to that with which you are all familiar as having taken place in psychological practice.

I would by no means be understood to argue that the abuses of the older medicine of the body, even at their worst, were at all comparable to the frightful injury inflicted upon the poor helpless lunatic, delivered into the hands of his jailers in the Bedlams of the past. The evil there was that medical treatment, properly so called, was either wholly lost sight of, or entirely subordinated to the principle of what was supposed to be safe custody. The few physicians who intervened in these abominable practices had their nature, "like the dyer's hand, subdued to what it works in," and were hardly a fair specimen of the medical profession even in those days. Nor do I suppose for a moment that Pinel clearly foresaw the principle of the revolution that has taken place since his time in the theory and methods of medicine in general. Conolly probably perceived something of this, and certainly his friend Sir John Forbes must have had a tolerably clear notion that what had been done in the field of insanity had also got to be done as regards fever and pneumonia, making allowance for the difference of the starting-point in the two cases. The treatment of *delirium tremens*, first by bleeding and depletion, next by enormous doses of opium and other narcotics and stimulants, last of all by a simpler and more natural method, affords an instructive instance of an intermediate department, in which the same principles essentially apply. I have a vivid and abiding impression of the reaction produced in my own mind at an early period of my career by witnessing the disastrous results of the second of these methods in hospital practice, although at that time in full accordance with the teaching of most medical text books in this country. And

as the *delirium tremens* wards in the Royal Infirmary of Edinburgh at that time were by no means devoid of strait-waistcoats, which the old nurse was not slow to employ in cases of difficulty, the evils both of mechanical and of what is now called "chemical" restraint were vividly presented to my mind before I was well out of my studentship, and long before the independent responsibilities of medical practice, and the mature consideration of the action of remedies, had led me towards the more excellent way attributed to Dr. Ware, of Boston, and introduced to this country in the pages of Sir John Forbes's Review. But the sad experience of private practice since that time has satisfied me that it is impossible to give effect to sound and safe principles of treatment in this disease so long as the state of the law, and the want of proper institutions, obliges the management of such cases to be undertaken at home. Were it possible to send them all to Woodilee or to Gartnavel on the first appearance of the symptoms, many lives would undoubtedly be saved by the judicious employment of the ordinary measures of asylum treatment, with skilled attendants, and ample space for exercise. But every one knows that this is not possible. The risk, and the questionable legality of compulsory detention, the reluctance of friends and of the patients themselves to allow removal, and the absence (perhaps unavoidable under the circumstances) of proper accommodation in the ordinary hospitals for such cases, lead, I believe, to a considerable sacrifice of life annually in a city like this, and perhaps in all parts of the country, certainly not less, too, among the wealthier classes than among the ranks of the poor. This, however, is part of a very large subject, on which we have no time to enter at present.*

The sum of what I have endeavoured to place before you in the preceding remarks is that there is a substantial correspondence, if not identity, between the principles which have guided the modern improved treatment of insanity in our asylums and those which now preside over the treatment of bodily disease in our hospitals and in private practice. The old and grim spectre of demoniacal possession, which has

* In the author's "Clinical Medicine," published in 1862, p. 259 *et seq.*, the whole subject was set forth on the basis of particular examples, and of the experience acquired at that date, which, in the main, is confirmed by all his later experience and reading.

been responsible for so much cruelty and mischief, and even the more modern *mythus* of the *aliena mens*, familiar still in our law books, preserved also as a "survival" in, the ordinary French phrase of "*aliénation mentale*" (which by the way, was the title of Pinel's book), are not more opposed to the theory and practice of the asylum physicians of these days, than in the old conception of bodily disease, as a separate morbid entity, to be grappled with and forcibly expelled only by "physic," opposed to the whole scope and tendency of modern medicine. What you are familiar with in your improved asylums is precisely the principle that mainly guides the treatment of our hospitals, and of private practice in the best hands, viz., that in the whole pathology of disease normal function must be held to underlie abnormal function; and that in the cure and treatment of disease, accordingly, the sound elements still remaining must be carefully respected; strengthened and built up again, if possible; in all cases, however, anxiously tended and nursed; the sound man within the unsound, the sane man within the insane, being supported and buttressed up, as it were, so as to reduce to a minimum the injury caused by the disease. This principle I hold to be, in the largest sense of the word, a *humane* one, in that it is carefully grounded on the consideration of human nature as a whole, and not taken piecemeal. Being so, it is also humane in the narrower sense, in respect that it does not allow any amount of diseased action or function, whether of mind or of body, to deprive the sick man of any of the privileges of our common humanity which can, in the very nature of the case, be accorded to him. And all the questions of capacity and responsibility of the insane, accordingly, take their colouring from the conception that there is no absolute line of demarcation to be drawn between the insane and the sound mind—that it is not *aliena mens*, but a mind having like passions and emotions with our own, only perverted and obstructed by disease, which is also disordered function.
